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ADDRESSING LMSW TELEHEALTH RESTRICTIONS AND LOW QUALITY JOB OPPORTUNITIES: A POLICY BRIEF

Kenneth B. Winfrey, LCSW

EXECUTIVE SUMMARY

As New Mexico expands its mental healthcare system, ensuring Licensed Master Social Workers (LMSWs) can provide telehealth services is vital. Telehealth addresses care gaps, especially in rural areas, where mental health professionals are scarce. Regulatory ambiguity and concerns about the potential for low-quality limited intervention telehealth jobs raise critical challenges. LMSWs comprise more than one-third, or nearly 35 percent, of the state’s social work workforce- 1,869 practitioners.¹ They can make up half, or more, of a New Mexico Medicaid providing agency’s workforce. This policy brief outlines resolving legislative gaps for LMSWs providing telehealth care, the risks of creating low-quality, limited intervention jobs, and actionable recommendations to safeguard New Mexico’s mental health infrastructure (data from the Center of Excellence in Social Work).

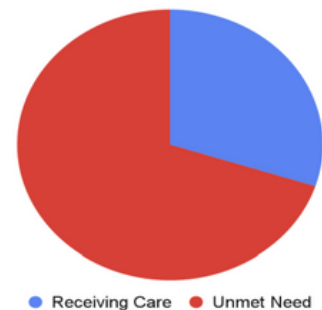
BACKGROUND

New Mexico regulations don’t clearly allow LMSWs to provide telehealth. This gap limits access to federal Medicaid funds, which could improve mental health care. Nearly 70 percent of New Mexicans who need mental health care are not receiving it.¹ Without lifting these licensure barriers and setting standards, we fail to fully leverage Medicaid dollars, serve those most in need, and the chance to define proper oversight. Example: Rural communities at risk in counties like Catron, where there is only one social worker for over 3,800 people, telehealth serves as a lifeline. These communities depend on remote care due to the lack of local services. A young veteran now drives several hours for care instead of using telehealth because his LMSW therapist was laid off, due to this ambiguity.

He no longer wants to “risk” telehealth. By enabling LMSWs to provide telehealth, New Mexico can better serve its veterans, rural populations, and utilize Medicaid dollars to extend care to underrepresented areas.

The Regulation and Licensing Department (RLD) voiced concerns about telehealth agencies creating jobs where clinicians deliver less rigorous care without adequate oversight. Proper telehealth requires strong supervision protocols. LMSWs providing telehealth should be supervised according to the provisions outlined in New Mexico’s Social Work Practice Act to maintain high care standards. This will ensure quality of services and expand the workforce.

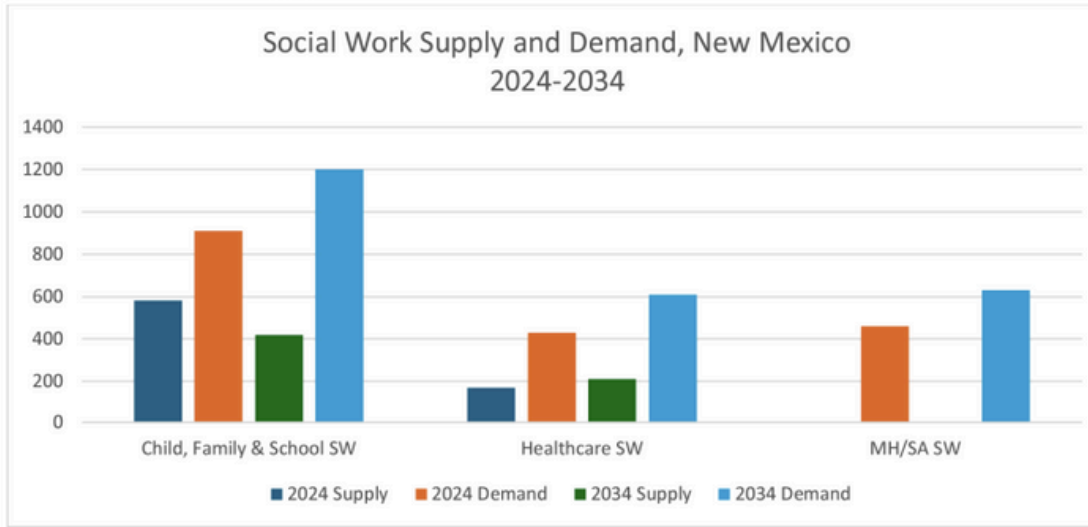
Fig 1. % of Unmet Need for Beh. Health in New Mexico (Mental Health America)



RESEARCH OVERVIEW

There is growing concern over non-clinical telehealth models, such as call centers, that offer brief interventions. Such models compromise the credibility of telehealth and clinical rigor through a lack of adequate supervision. To safeguard care standards, clinical telehealth should be limited to licensed and certified professionals. This distinction between clinical telehealth and non-clinical interventions ensures that remote services maintain their legitimacy and efficacy.

Figure 3. Social Work Supply and Demand, New Mexico, 2024-2034



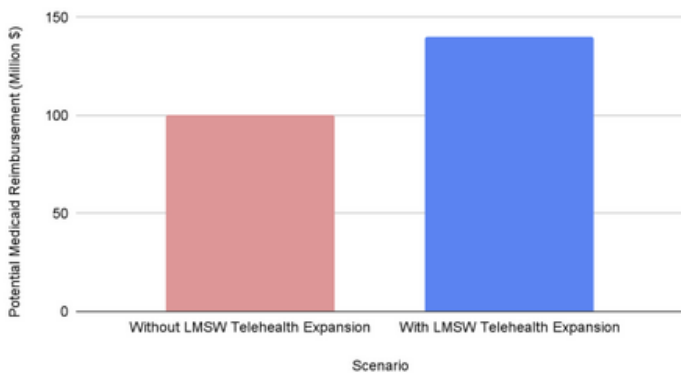
SUMMARY OF FINDINGS

New Mexico’s mental health crisis cannot be solved without expanding access to clinical telehealth services. Your role in creating law to clarify licensure and certification requirements, and ensuring care quality, is essential to maximizing federal Medicaid funding and expanding clinical services to underserved areas. Enabling LMSWs to deliver clinical telehealth strengthens our mental health infrastructure in urban and rural communities. With robust oversight and safeguards, telehealth serves as an effective extension of care.^{5,6} By addressing licensure barriers and the potential for low-quality job roles this policy framework can support New Mexico’s mental healthcare system, while ensuring high-quality, accessible, and reimbursable services.^{3,4}

RECOMMENDATIONS

1. Clarify LMSW Telehealth Licensure: Amend New Mexico’s Telehealth Act to explicitly permit LMSWs to deliver telehealth services under supervision, ensuring they can bill Medicaid. (e.g., removing the word “independent”)
2. Ensure Clinical Oversight: Mandate that LMSWs providing telehealth services receive board-approved supervision to uphold care quality.
3. Limit Non-Clinical Models Restrict Medicaid-reimbursable telehealth services to clinical interventions provided by licensed and certified professionals. Exclude call-center-based models that do not meet the Center for Medicare and Medicaid Services (CMS) standards.³
4. Enhance Training for LMSWs: Provide continuous training and professional development for LMSWs in telehealth, ensuring they are equipped to deliver quality, remote care.

Fig 2. Medicaid Rev (Mil \$) LMSW Care (Commonwealth Fund Health Scorecard)



IMPLICATIONS

While the rationale for LMSW telehealth is strong, limitations in current data highlight the need for further research:

- **Access Disparities:** COVID-19 expanded telehealth, but not all populations benefited. Rural, older, and Black communities saw lower uptake. A statewide analysis is needed to assess whether enabling LMSWs reduces these gaps—or if supports like broadband and digital literacy are needed.⁶
- **Care Quality:** Telehealth is generally comparable to in-person care,^{5,7} but New Mexico should evaluate LMSW-led sessions under LCSW supervision to confirm quality and identify training needs.
- **Medicaid Cost Impact:** Allowing LMSWs to bill may raise utilization short-term but could reduce long-term costs through earlier intervention and fewer crises.⁴ A fiscal study can project savings and inform budget planning.

Future policy should monitor for unintended effects—like uneven hiring across urban and rural regions. With safeguards and evaluation, LMSW telehealth can strengthen equitable access and clinical standards statewide.

References

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